



California Department of Health Services
Division of Drinking Water and Environmental Management
Water Treatment Device Certification Program

Application for: **New Certification or Recertification**

FOR OFFICIAL USE ONLY

Date Received: _____

App/Cert No.: _____

Check Logged: _____

Tech Database Entry: _____

Reviewer: _____

1. Applicant Information:

Company Name: _____

Address: _____

City: _____

State/Zip: _____

Website: _____

Customer Service Phone: _____

Applicant Contact:

Name: _____

Title: _____

Email: _____

Phone: _____

Fax: _____

I, the undersigned, certify that I occupy a principal position in _____
(Company that will be listed on certificate) and all statements made on this application are true and correct.

Signature: _____ Date: _____

Name (typed or printed) _____ Title: _____

2. Designee:

If using another company to facilitate this application process, the applicants must fill out and sign the following.

I hereby authorize the designated contact person specified below to act on our behalf in the processing of this application.

Signed _____ Title _____ Date _____

Designee Contact:

Contact: _____ Title: _____

Phone: _____ Fax: _____

Email: _____

Company: _____

Address: _____

City/State/Zip: _____

3. Type of Application (Make check payable to "DHS Water Device Fund 129")

_____ Initial Certification (\$1400)

_____ Recertification (every 5 years) (\$1400) Certification # _____

Mail completed application, back up materials (including test data, items in Section 8), and application fee to:

Department of Health Services
Drinking Water Program, MS #92
Attn: Water Treatment Device Application

Express Mail:
601 North 7th Street
Sacramento, CA 95814

U.S. Mail:
P.O. Box 942732
Sacramento, CA 94234-7320

4. Water Treatment Devices Submitted for Certification

Specify model designation(s) that should be listed under this certification. Multiple models may be listed as long as they are all "identical devices" as allowed by Section 60410(b)(7) and have the same manufacturer and the same set of health claims. List all replacement elements for each trademark/model designation. If the same replacement element(s) apply to all models listed, so specify. Use another piece of paper if you need more room to list all models to be included in this certification.

Trademark(s)	Model Number(s)	Replacement Element(s)

5. Type of Water Treatment Device

(a) Specify the technology or combination of technologies, which describe the device.

☐ Mechanical filter ☐ Carbon block
☐ Reverse osmosis ☐ GAC
☐ Ion exchange ☐ Ozone ☐ Ceramic
☐ Ultraviolet ☐ Distillation ☐ Other _____

(b) System Type

☐ Counter top ☐ In line (refrigerator) ☐ Inline (general)
☐ Under counter ☐ Water softener ☐ Batch with pump
☐ Pour-through pitcher ☐ Stand-alone dispenser ☐ Spray wand
☐ Faucet mount ☐ Point of entry (filter in handle)
☐ Other (describe): _____

6. Key Performance Specification

(a) Rated service flow _____ gpm

Rated service capacity (adsorptive media) _____ gal

Operating temperature range _____ F/C to _____ F/C

(b) RO systems specify:

Daily production rate for system _____ gal/day

Tank size _____ Auto shut off _____ yes _____ no

RO membrane (manufacturer and model #) _____

(c) Water softeners specify:

Ion exchange media _____

Type of regeneration material _____ Tank size _____

(d) Does the system include:

☐ Performance Indicator ☐ Flexible tubing ☐ Faucet

7. Test Data

- California requires extraction testing (systems using adsorptive media must test with and without media).
- California does not require testing for structural integrity, chlorine taste and odor, particulate reduction or bacteriostatic properties.
- Testing must have been performed within two years of application submittal (DHS Policy Memo 01-01).
- If requesting data be extrapolated from a similar device, include detailed technical justification.
- Data for ultraviolet systems must include lamp life curves.
- Include performance indicator device test if testing to 120% of capacity instead of 200%.

Lab: _____

Lab Contact: _____

Phone: _____

Was actual device tested or is data extrapolated from testing of a similar device?

_____ Actual device

_____ Extrapolated data*

** include detailed technical justification for any and all extrapolated data.*

8. Contaminants Proposed for Certification*: Check all that you plan to claim in you advertising.

<i>Microbiological</i>	<i>System Tested</i>	<i>Date Tested</i>
_____ Cysts (protozoan)	_____	_____
_____ Turbidity	_____	_____
_____ Bacteria	_____	_____
_____ Virus	_____	_____
_____ Nonpathogenic microorganisms (Std 55 Class B)	_____	_____
<i>Organic</i>		
_____ VOCs (chloroform surrogate)	_____	_____
_____ Chlordane	_____	_____
_____ Atrazine	_____	_____
_____ Lindane	_____	_____
_____ Methoxychlor	_____	_____
_____ MTBE	_____	_____
_____ 2,4-D	_____	_____
_____ Trihalomethanes	_____	_____
_____ Other	_____	_____
_____ Other	_____	_____
<i>Inorganic</i>		
_____ Arsenic	_____	_____
_____ Asbestos	_____	_____
_____ Barium	_____	_____
_____ Cadmium	_____	_____
_____ Chromium (hexavalent)	_____	_____
_____ Chromium (trivalent)	_____	_____
_____ Copper	_____	_____
_____ Fluoride	_____	_____
_____ Lead	_____	_____
_____ Mercury	_____	_____
_____ Nickel	_____	_____
_____ Nitrate/Nitrite	_____	_____
_____ Radium 226/228	_____	_____
_____ Selenium	_____	_____
_____ Other	_____	_____
_____ Other	_____	_____

9. Checklist - Use this checklist to help ensure that all the proper documentation is submitted to the Department for WTD certification. Please label and staple items together when necessary to make them easily identified.

- | | |
|---|-------------------------------|
| _____ a. Completed WTD certification application | _____ j. Owners manual |
| _____ b. Check for application fee (\$1400) | _____ k. Instruction manual |
| _____ c. Laboratory WTD test data (individually stapled) | _____ l. Promotional material |
| _____ d. Laboratory extraction test data | _____ video |
| _____ e. Government registration or certification documentation (if applicable) | _____ web pages |
| _____ f. Blueprints or similar drawings of each device | _____ brochures |
| _____ g. Wetted parts list | _____ packaging |
| _____ h. Product data sheet(s) | _____ sales training manuals |
| _____ i. Product label(s) | |